



Missouri Mental Health Task Force Public Comment Form

Lt. Governor Peter Kinder, Co-Chair
Dr. Ron Dittmore, Department of Mental Health Interim Director, Co-Chair

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

E-Mail Address: _____

Interest in Mental Health Reform (please check one):

- | | | | |
|-----------------------------------|--|--|--------------------------------------|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Caregiver | <input type="checkbox"/> Guardian | <input type="checkbox"/> Employee |
| <input type="checkbox"/> Advocate | <input type="checkbox"/> Provider Agency | <input type="checkbox"/> Concerned Citizen | <input type="checkbox"/> Other _____ |

Suggested Long-Term Solutions (if needed, use back of form):

Additional Comments:

Mail completed form to: Lt. Governor Peter Kinder, Co-Chair, Missouri Mental Health Task Force;
State Capitol, Room 121; Jefferson City, MO 65101; or fax to 573-751-9612.